

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10619893</div>	FILING DATE <div style="font-family: cursive;">07-15-03</div>					
							CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	7						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						